



HOME OCCUPATION PERMIT APPLICATION

TOWN OF TABER: A-4900 50 STREET, TABER, AB T1G 1T1 - 403-223-6009 - PLANNING@TABER.CA

Property Information (home occupation location)

MUNICIPAL ADDRESS: _____

LOT(S): _____ BLOCK: _____ PLAN: _____

Applicant Information

APPLICANT NAME: _____

MAILING ADDRESS: _____

TOWN: _____ POSTAL CODE: _____

EMAIL: _____ PHONE NUMBER: _____

Owner Information (if different from applicant)

OWNER NAME: _____

MAILING ADDRESS: _____

TOWN: _____ POSTAL CODE: _____

EMAIL: _____ PHONE NUMBER: _____

Description of Home Occupation

DESCRIBE YOUR HOME OCCUPATION

Business License

DO YOU HAVE A VALID TOWN OF TABER BUSINESS LICENSE?

Yes

No

BUSINESS LICENSE NUMBER:

Activities Occurring at the Property

HOME OCCUPATION OPERATIONS WILL OCCUR:

On-site Off-site Both

WILL CLIENTS BE VISITING THE PREMISE?

Yes No

HOURS OF OPERATION: _____ HOW MANY VISITS PER DAY (on average)? _____

ON-SITE ACTIVITIES THAT WILL OCCUR AS PART OF THE HOME OCCUPATION (check all that apply)

Personal Services Construction Foodstuffs Pet Training
Deliveries/pickups Outdoor Storage Lessons Home Office
Other _____

Business Start Date

ESTIMATED START DATE: _____

I/We hereby make application under the provisions of Land Use Bylaw 13-2020 for a Development Permit in accordance with the plans and supporting information submitted herewith and which forms part of the application.

APPLICANT SIGNATURE: _____ DATE: _____

REGISTERED OWNER SIGNATURE: _____ DATE: _____

PLANNING OFFICER SIGNATURE: _____ DATE: _____

The personal information on this form is being collected for the purpose of reviewing your application to the municipality of the Town of Taber. The information is collected under the authority of Section 146 of the Municipal Government Act (MGA) and Section 33 of the Freedom of Information and Protection of Privacy Act (FOIPP). Under Section 33 of the FOIPP Act, the Town of Taber reserves the right to collect information that relates directly to and is necessary for an operating program or activity of the public body. Names of applicants will be provided to the public. If you have any questions about the collection of this information, please contact the FOIPP coordinator at 403-223-5500 ext. 5519.

Note: This application does not permit you to commence construction until such a time that the permit has been issued by the Development Authority. Unless otherwise noted on the development permit, a building permit will also be required prior to commencing construction.

Building, electrical, gas, and plumbing permits can be obtained through Superior Safety Codes (403-320-0734).

At the completion of the development, you will be required to submit an updated *Real Property Report* to the Town of Taber to verify that the project has been constructed in the correct location.

Development Application Submission Requirements

THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR APPLICATION (1 copy of each)

Site Plan

Building Floor Plans

Business License Application (if required)

Note: if any internal or external construction of rooms, walls, or structures are required, Development and Building permits may also be required.

SITE PLAN REQUIREMENTS:

Lot dimensions

Site access with dimensions

On-site parking stalls (6m x 3m per stall)

Adjacent roads and lanes

North arrow

BUILDING FLOOR PLANS:

Scale and dimensions of exterior walls and interior rooms

Floor plan(s) of dwelling

Indication of interior areas used for home business

BUSINESS LICENSE APPLICATION (if a Town of Taber business license has not yet been obtained):

Completed Business License Application Form

Business License Application Fee
